

UNITED STATES DISTRICT COURT

for the

EASTERN District of TENNESSEE

EASTERN Division

RICHARD REED #425086

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

T.D.O.C.

SERGEANT CHRISTOPHER CARROLL (MCCX)

CORPORAL MICHAEL BROOK (MCCX)

JOHN DOE #1 and JOHN DOE #2

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

(to be filled in by the Clerk's Office)

BEING SUED IN THEIR JOB CAPACITY  
INDIVIDUAL CAPACITY

\*EMERGENCY\*

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name RICHARD REED # 425086  
 All other names by which  
 you have been known: \_\_\_\_\_  
 ID Number #425086  
 Current Institution N.E.C.X.  
 Address P.O. BOX - , 5000, 5249- HWY 67-WEST  
MOUNTAIN CITY TENN. 37683  
City State Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name TDOC TENNESSEE DEPARTMENT OF CORRECTION  
 Job or Title (*if known*) 6TH FLOOR RACHEL JACKSON BLDG  
 Shield Number 320- SIXTH AVENUE NORTH  
 Employer NASHVILLE TENNESSEE 37243-0465  
 Address \_\_\_\_\_  
NASHVILLE TENNESSEE 37243  
City State Zip Code

☐ Individual capacity ☒ Official capacity

**Defendant No. 2**

Name SERGEANT CHRISTOPHER CARROLL (MCCX)  
 Job or Title (*if known*) MORGAN COUNTY (C.E.R.T.) TEAM  
 Shield Number \_\_\_\_\_  
 Employer TENNESSEE DEPARTMENT OF CORRECTION  
 Address M.C.C.X, P.O. BOX 2000, 541 WAYNE COTTON  
MORGAN DR. WARTBURG TENNESSEE 37887  
City State Zip Code

☒ Individual capacity ☒ Official capacity

Defendant No. 3

Name CORPORAL MICHAEL BROOKS (MCCX)  
 Job or Title (if known) MORGAN COUNTY (C.E.R.T.) TEAM STRIKE  
 Shield Number FORCE ONE  
 Employer TENNESSEE DEPARTMENT OF CORRECTION  
 Address 6TH FLOOR RACHEL JACKSON BLDG  
NASHVILLE TENNESSEE 37243-0465  
City State Zip Code

☒ Individual capacity ☐ Official capacity

Defendant No. 4

Name JOHN DOE #1.  
 Job or Title (if known) MORGAN COUNTY, C.E.R.T. TEAM STRIKE FORCE ONE  
 Shield Number 6TH FLOOR RACHEL JACKSON BLDG  
 Employer TENNESSEE DEPARTMENT OF CORRECTION  
 Address 6TH FLOOR RACHEL JACKSON BLDG, 320 SIXTH AVENUE N.  
NASHVILLE TENNESSEE 37243-0465  
City State Zip Code

☒ Individual capacity ☐ Official capacity

**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

ASSAULTING RICHARD REED IN VIOLATION OF A FEDERAL RIGHT CIVIL RIGHT  
 STATUTE.  
 OFFICERS AND MEDICAL CONSPIRING TO COVERING UP THE ASSUALT BY MAKING FALSE  
 STATEMENT TO INVESTIGATORY.DELIBERATELY INDIFFERENCE TOWARD HIM RECEIVING  
 MEDICAL ATTENTION

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

ADDITIONAL SHEET OF DEFENDANTS

NAME: JOHN DOE #1.  
JOB OR TITLE MORGAN COUNTY C.E.R.T. TEAM / STRIKE FORCE ONE  
SHELID NUMBER # N/A  
EMPLOYER: TENNESSEE DEPARTMENT OF CORRECTION  
ADDRESS: 6TH FLOOR RACHEL JACKSON BLDG  
320 - SIXTH AVENUE NORTH  
NASHVILLE TENNESSEE 37243-0465

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

SEE AND REVIEW ATTACHED PAGE HOW EACH PERSON WAS INVOLVED

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### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- XXXXXX ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) \_\_\_\_\_
- 

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.
- SEE AND REVIEW ATTACHED DOCUMENT / PAGE MY CLAIM AROSE WHILE  
I AM BEINGHOUSED AT N.E.C.X., FACILITY
- 

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.
- 4/25/24, 10:10 A.M. AT N.E.C.X., P.O. BOX - 5000, 5249 HWY 67- WEST  
MOUNTAIN CITY, TENNESSEE 37683  
UNIT-14, ROOM - 27.
-

LA page of 11

A T T E N T I O N  
REFERENCE TO IV. STATEMENT OF CLAIM

You may wish to include further details such as the name of other person involved in the events giving rise to your claims. On the date of 4/24/24 the very same C.E.R.T. TEAM / STRIKE FORCE ONE FROM (MCCX) enter the unit - 7 and went into a black inmate cell by the name of MAURICE TYLER #289911 and use excessive use of and cause him serious bodily and which lead him to be place on cruther for his leg which the word is the officers broke it; and the warden did not say a word but this incident is widely known about his injuries see and review the t.v. monitor in unit 7 on the above date.

this will clearly show that these officers has a pattern of abuse toward inmates black or white but mostly blacks.

H O W   E A C H   P E R S O N   I S  
I N V O L V E D

T.D.O.C.

All of these officers are part of the Strike Force Team for the Tennessee department Of Correction, all correctional officers must abide and adhere to the same laws they took to uphold and enforce T.C.A. 41-1-103 Oath of employee.

SERGEANT CHRISTOPHER CARROLL AND CORPORAL MICHAEL BROOK are employee by TDOC; but they works at (MCCX) facility, as part of the strike force team at (MCCX); but was allow to come here at this facility on the date of 4/25/24 to conduct a random cell searches 10:10 A.M. both of these officers enter my cell at the very same time; the sergeant and the Corporal gave us a directive at the very same time Mr. hall the old man began to comply they began with officer directive but they began making jokes and talking about his body. these officers was making jokes about how they made him put his fingers into his mouth after they made him touch his feet and open up his rectal area this was very funny to these officers.

When it was my time to be search; I ask these officers could I make a request and the officers stated yes; so I ask them will you please not ask me to put my fingers into my mouth after I have touch my feet and my rectal area? ... Neither officers said anything so I continue to undress and I handed the officers my shorts; ... "All of suddenly the officer became aggressively hollaring very loud into my face: You do whatever I tell you to do; do you hear me; he continue to repeat himself; You do what I tell you to do! he was acting if though we are in the army or at boot camp and then suddenly both officers attack me hitting and beating me; and yelling and hollaring as I was covering up; the other officer was grabbing at my testicles trying to hit them and pulling on them; while I was on the floor another officer come into the room and he as well began bouncing on me while I was on the floor; they have beat me very badley; when these officers decided to stop I was handcuffed and taken to medical; I received injuries to to both eyes and ribs cage and my testicles.

JOHN DOE #1

This was the officer whom immediately ran into the room after these officers had me down on the floor beating me John #1 began beating me as well for no reason see and review TV Monitor in unit- 14 room 27

JOHN #2

After I was taken to medical the nurse whom was seeing me after I informed them that both of my eyes was hurting in pain both of my ribs was hurting these nurse refuse to take down proper information concerning my injuries; and did not even give me an examination see and review Accident / Incident /

/ Traumatic injury Report, dated 4/25/24; this was a denial of medical treatment; the nurses was complicity with the officers from MCCX; by not examining me and they was deliberately indifference toward my medical needs after i had sustain injuries after being assaulted; the only thing these nurse did was check my blood pressure and sent me back to the unit with two black eyes and fracture rib later exray was conducted after family member call concerning my injuries also this complaint brought the STG officer to investergate my injuries and she took pictures of both of my eyes; and body her name is: STG - Ms. Dixon, I.A. Office, Captain Smith and Warden Ellen all of these staff personell took photo of my body and face approx. several days later the I.A. officer enter the compound by the name Michael Angle from Nashville he as well took photo of my face and body with both eyes black I still suffer from a lost of partial of vision.

C. What date and approximate time did the events giving rise to your claim(s) occur?

4/25/24 TIME: 10:10 A.M. WITNESS VICON T.V. MONITOR IN THE  
UNIT \_ 14 ROOM 27.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

RICHARD REED CIVIL RIGHTS WAS VIOLATED WHEN THESE DEFENDANT ASSUALTED AND CAUSE INJURIES TO BOTH EYES AND BODY AND REPEATED PUNCHING HIM WHILE HE WAS ON THE FLOOR. WHILE BEING NAKIE ON THE FLOOR WITH OUT ANY CLOTHES ON

JOHN DOE #2. REFUSE ME MEDICAL WHEN I WAS BROUGHT THERE TO EXAMINATED MY INJURIES: THEY WERE DELIBERATELY INDIFFERENCE TOWARD MY INJURIES BY ONLY JUST CHECKING MY BLOOD PRESSURE AND RETURNING ME BACK TO THE UNIT WITHOUT REVIEWING MY EYES AN BODY, I AM UNABLE TO READ THEIR NAME HEALTH PROVIDER

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. DELIBERATELY INDIFFERENCE BOTH OF MY EYES WAS BLACKED AND THE LOST OF VISION IN LEFT EYE: BOTH SIDES OF MY RIBS CAGE WAS SWOLLEN FROM BEING BEATING: PHOTO WAS TAKEN BY STG officer Ms. Dixon, and Warden Office Mr Ellen and warden Heidel took picture; I.A. from Nashville Commissioner Office. I have receive mental damages and is seeing Mental Damages accordingly mental health; I am receiving mental health treatment from Ms.Minton

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

WHENEVER Correctional Officer abuse their authority and harm inmates it not only violates our civil rights laws it under mines the criminal justice department as a whole. These officers should be sent to jail for excessive use of force intentionally to cause harm awarden plaintiff \$100,000.00 for the injurie to both of his eyes Award Plaintiff \$100,000.00 for the injuries to both rib cages Award Plaintiff 10-per cent disability for the injuries to his mental Health condition the abuse he received.

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

XXXXXX ☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

N.E.C.X., P.O. BOX 5000, 5249-HWY - 67 WEST, MOUNTAIN CITY, TENNESSEE  
37683

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B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

XXXXXX ☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

XXXXXX ☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)? EXCESSIVE OF USE OF FORCE, DENIAL OF MEDICAL  
TREATMENT, BY ONLY CHECKING MY BLOOD PRESSURE: AND NOT THE TWO  
BLACK EYES AND AND INJURIES OF BOTH SIDE OF MY RIBS

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

N.E.C.X., P.O. BOX - 5000, 5249 HWY 67- WEST  
MOUNTAIN CITY TENNESSEE 37683  
SEE AND REVIEW EXHIBIT # 1 thru 13,  
GRIEVANCE #33020-24 institutional #  
TOMIS GRIEVANCE # 365640

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2. What did you claim in your grievance?

I WAS ASSAULTED BY TWO OFFICERS THAT WAS FROM (MCCX), and part  
the strike force TEAM: WITH TWO BLACK EYES AND BRUISE RIBS  
AND WITH LOST OF VISION IN LEFT EYE.  
AND I RECEIVED MENTAL DAMAGES BECAUSE OF THE TRAMA i went through

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3. What was the result, if any?

DENIED BY THE OFFICE OF THE COMMISSION ASSISTANCE COMMISSION  
IT APPEARS THAT THESE PEOPLE MAY HAVE SIGNED THE COMMISSION  
NAME TO THE GRIEVANCE.

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4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I FILE GRIEVANCE AND I APPEAL IT TO THE OFFICE OF THE WARDEN:  
AND THEN I APPEAL IT TO THE OFFICE OF THE COMMISSIONER  
ASSISTANT COMMISSIONER. (DENIED)

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F. If you did not file a grievance: N/A

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

OFFICE OF THE WARDEN I HAVE INFORMED THE I.A. CHIEF OF SECURITY MAJOR GARCIA  
MR. ELLEN, WARDEN HEIDEL,

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

MY GRIEVANCE WASH WHITE WASH INORDER TO APPEAR  
THAT THE GRIEVANCE HAS BEEN REVIEW IN IT.S ENTIREITY: THEY EVEN ALLOW  
THE WARDEN TO RESPONSE THAT THE T.V. MONITOR NEVER RECORD THE  
INCIDENT WHICH IS NOT TRUE IT ALSO APPEARS THAT THE WARDEN ELLEN  
IS BEING COMPLICITY WITH THE OFFICERS WHOM ASSUALTED ME.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

#### VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

XXXXXXXXXX ☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) N/A

Defendant(s) N/A

2. Court (if federal court, name the district; if state court, name the county and State)

N/A

3. Docket or index number N/A

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

XXXXXXXXXXXX ☒ No

If no, give the approximate date of disposition. N/A

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment? N/A

☐ Yes

XXXXXXXXXXXXXX ☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) N/A

Defendant(s) N/A

2. Court (if federal court, name the district; if state court, name the county and State)

N/A

3. Docket or index number  
N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

XXXXXXXXXXXXXX ☒ No

If no, give the approximate date of disposition N/A

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

N/A

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

6-21-24

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

*Richard Reed*Richard Reed4250865249 Hwy 67 WestMountain City

City

TN

State

37683

Zip Code



*Melissa Miller*  
Commission Expires: 11/21/2026

**B. For Attorneys**

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address